

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/597982

**FILING DATE**

## **CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	/							54					
5	/							55					
6			/	/				56					
7			/	/				57					
8			/	/				58					
9			/	/				59					
10			/	/				60					
11			/	/				61					
12			/	/				62					
13			/	/				63					
14			/	/				64					
15			/	/				65					
16			/	/				66					
17			/	/				67					
18			/	/				68					
19			/	/				69					
20			/	/				70					
21			/	/				71					
22			/	/				72					
23			/	/				73					
24			/	/				74					
25			/	/				75					
26			/	/				76					
27			/	/				77					
28			/	/				78					
29			/	/				79					
30			/	/				80					
31			/	/				81					
32			/	/				82					
33			/	/				83					
34			/	/				84					
35			/	/				85					
36			/	/				86					
37			/	/				87					
38			/	/				88					
39			/	/				89					
40			/	/				90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	17							TOTAL IND.					
TOTAL DEP.	20							TOTAL DEP.					
TOTAL CLAIMS	37							TOTAL CLAIMS					